

United States District Court
For the District of Delaware

Acknowledgement of Service Form
For Service By Return Receipt

Civil Action No. 06-563 SCR

Attached below is a return receipt card reflecting proof of service upon the named party on the date shown.

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">WARDEN TOM CARROLL DELAWARE CORRECTIONAL CENTER 1181 PADDOCK RD. SMYRNA, DE 19977</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p style="text-align: right;">06-563-SCR</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%; vertical-align: top;"> <p>A. Signature</p>  </td> <td style="width: 25%; vertical-align: top; text-align: center;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <p>B. Received by (Printed Name)</p> <p style="margin-left: 20px;">M. Lamor</p> </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <p>C. Date of Delivery</p> <p style="margin-left: 20px;">10/21/06</p> </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="margin-left: 20px;">S</p> </td> </tr> </table> <p>3. Service Type</p> <p style="margin-left: 20px;"> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: right;">7005 1820 0004 3169 6428</p>	<p>A. Signature</p> 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	<p>B. Received by (Printed Name)</p> <p style="margin-left: 20px;">M. Lamor</p>		<p>C. Date of Delivery</p> <p style="margin-left: 20px;">10/21/06</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="margin-left: 20px;">S</p>	
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PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

